

CLINIC SITE VISIT REPORT

☐ School ☐ Branch ☐ Satellite ☐ Externship ☐ Tutorial

School Name _____

School Contact Person

Contact Person's Direct Phone # _____ e-mail _____

Clinic Name

Clinic Address _____

Clinic Phone # _____

Clinic Contact Person _____

Clinic Person's Direct Phone #	e-mail

Clinic Director's Name _____

Clinic Director's License No.: _____

Name of Clinic Supervisors

License Nos.

Average Number of Patients Seen at Clinic
Average Number of Patients Seen by Interns Per Week
What is the Supervisor/Intern Ratio at the Clinic?
Does the clinic carry malpractice insurance for interns? <input type="checkbox"/> Yes <input type="checkbox"/> No

Check the forms / documents that are used at the clinic -

Attendance	
CPR/Exam Requirement	
Progress Notes	
Record-Keeping Charts	
Intern Patient Log	
Soap-Notes	
Billing Records	
Intern Evaluation	
Supervisor Evaluation	

[illegible]

Clinic/Lab Equipment:

<i>Item</i>	<i>Quantity</i>	<i>Item</i>	<i>Quantity</i>
Treatment Rooms		Models	
Handwashing Facilities		Skeletons	
Acupuncture Tables		Electroacupuncture Machines	
Waste Containers		Stethoscope	
Waste Container Service		Sphygmomanometer	
Intern Work Area		Disposable Needles	
Reference Books		Autoclave	
Restrooms		Acupuncture Charts	
Herbs (Raw)		Cups	
Herbs (Patents)		Alcohol/Cotton	
Herbs (Bottled)		Patient Gowns	
Moxa			

What is the temperature setting of the room where the herbs are stored? _____

Is the humidity level of the room appropriate for storing herbs? ☐ Yes ☐ No

Do the herbs appear in good condition? If expiration dates are available, please verify _____

Are the disposable needles within expiration dates?

******* For Acupuncture Board Use *******

	Poor										Excellent
Cleanliness Rating:	1	2	3	4	5	6	7	8	9	10	

Additional Comments _____

Recommendation:	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	<input type="checkbox"/> Concerns
-----------------	----------------------------------	-------------------------------	-----------------------------------

Signature:

Board/Staff Member

Date of Visit